DOCUMENT RESUME

ED 109 061 SP 009 307

TITLE	Education for Health in the School Community Setting. A Position Paper.
INSTITUTION	American Public Health Association, Washington, D.C.
PUB DATE	Oct 74
NOTE	9p.; Adopted by the Governing Council of the American Public Health Association (New Orleans, Louisiana, October 23, 1974)
AVAILABLE FROM	American Public Health Association, 1015 Eighteenth Street, N.W., Washington, D.C. 20036 (No price quoted)
EDRS PRICE	MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS	*Health; *Health Education; *Health Programs; Health Services; Problems; Professional Associations

ABSTRACT

In this position paper of the American Public Health Association (APHA), emphasis is placed on the magnitude of the K-12 school community in both size and the duration of time individuals spend there and the subsequent need of good health education. The APHA states that it is concerned about the traditional crisis approach to health care, where the expense involved has sent medical costs soaring; programs dealing with crucial issues are eliminated, although the problems remain, because another crisis emerges calling for more new crash programs. The APHA states that it will exert leadership through its section and affiliates to assure for health education (a) time in the curriculum commensurate with other subject areas, (b) professionally qualified teachers and supervisors of health education, (c) innovative instructional materials and appropriate teaching facilities, (d) increased financial support at the local, state, and national levels to upgrade the quantity and quality of health education, and (e) a teaching/learning environment in which opportunities for safe and optimal living exist, and one in which a well-organized and complete health service is functioning. (Author/JA)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED109061

JUL 7 1975

School Health Section

POSITION PAPER

EDUCATION FOR HEALTH IN THE SCHOOL COMMUNITY SETTING

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Adopted by

Governing Council
of the
American Public Health Association

October 23, 1974
New Orleans, Louisiana

SP009 307

EDUCATION FOR HEALTH IN THE SCHOOL COMMUNITY SETTING

A Position Paper*

The school is a community in which most individuals spend at least twelve years of their lives, and more if they have the advantages of early childhood programs, college education, and continuing education for adults. The health of our school-age youth will determine to a great extent the quality of life each will have during the growing and developing years and on throughout the life cycle. Their capacity to function as health educated adults will in turn help each to realize the fullest potential for self, family, and the various communities of which each individual will be a part.

The American Public Health Association believes that health education should be a continuing process, from conception to death, and that such education must be comprehensive, coordinated, and integrated in *all* community planning for health.

The school, as a social structure, provides an educational setting in which the total health of the child during the impressionable years is of priority concern. No other community setting even approximates the magnitude of the grades K-12 school educational enterprise, with an enrollment in 1973-74 of 45.5 million in nearly 17,000 school districts comprising more than 115,000 schools with some 2.1 million teachers. This is to say nothing of the administrative, supervisory, and service manpower required to maintain these institutions. Additionally, more than 40 percent of children aged three to five are enrolled in early childhood education programs. Thus it seems that the school should be regarded as a social unit providing a focal point to which health planning for all other community settings should relate.

**A Position Paper is defined as a major exposition of the Association's viewpoint on broad issues affecting the public's health.*

APHA is concerned about the traditional crisis approach to health care. The expense involved in treatment, rehabilitation, recuperation, and restoration to health has sent medical costs soaring. More facilities, more services, and more manpower to staff the facilities and to provide the services appear to be the nation's leading health priorities. The alternative is a redirection of the nation's health goals towards a primary preventive and constructive approach to health, through education for every individual.

Because of vested interests, political pressures, mass media sensationalism, and health agency structures with categorical interests, health education programs in schools are compelled to deal with a multitude of separate health issues, with only a few of these given priority at any given time. Too frequently, programs developed to deal with crucial issues are eliminated although the problems remain, because another crisis emerges calling for more new crash programs. A revolving critical issue syndrome has been the result, with the same problems considered crucial a decade or more ago emerging once again. Focusing on selected categorical issues has potential value if time, energy, personnel, and money are available to sustain the emphasis and expand such efforts into an integrated and viable health education framework. A broad concept of healthful living that has consideration for psychosocial dimensions should be the basis for health education.

APHA is encouraged by recent developments in an increasing number of states which attest to recognition of the significance of a comprehensive health education program in grades kindergarten through twelve. Also encouraging are the exemplary programs being established in many school districts, and the expressed intention of the federal government to implement an action plan for "Better Health Through Education."

A Partial List of National Organizations and Groups that Support Health Education in Schools

(As Reflected in their Position Statements, Resolutions, Conference Reports, and other Professional Literature)

American Academy of Pediatrics
American Alliance for Health, Physical Education, and Recreation
American Association for the Advancement of Health Education, AAHPER
American Association of School Administrators
American Dental Association
American Medical Association
American Public Health Association
American School Health Association
Council of Chief State School Officers
Department of Health, Education, and Welfare
Department of School Nurses, NEA
International Union for Health Education
Joint Committee on Health Problems in Schools of the National Education Association and the American Medical Association
National Association of Elementary School Principals
National Association of Secondary School Principals
National Association of State Boards of Education
National Congress of Parents and Teachers
National Education Association
National Health Council
National School Boards Association
School Health Education Study (1961-1972)
Sex Education and Information Council of the United States
Society of Nutrition Education
Society of Public Health Education

Examples of Reports from:

National Commission on Community Health Services, 1966
President's Commission on National Goals, 1960
President's Committee on Health Education, 1973
Quality of Life Conferences (AMA), 1972, 1973
Schools for the Sixties (NEA Project on Instruction)
Schools for the Seventies (NEA Project on Instruction)
White House Conference on Children and Youth, 1970.

Therefore:

The American Public Health Association supports the concept of a national commitment to a comprehensive, sequential program of health education for all students in the nation's schools, kindergarten through the twelfth grade. The Association will exert leadership through its sections and affiliates to assure for health education

(1) time in the curriculum commensurate with other subject areas,

(2) professionally qualified teachers and supervisors of health education,

(3) innovative instructional materials and appropriate teaching facilities,

(4) increased financial support at the local, state, and national levels to upgrade the quantity and quality of health education and

(5) a teaching/learning environment in which opportunities for safe and optimal living exist, and one in which a well-organized and complete health service is functioning.

Specific Methods to be Used for Implementation

The American Public Health Association will:

- Publicize and support the concepts expressed in H.R. 2600 (2599 and 2601), and in S.544 bills of the 94th Congress. First session (Comprehensive School Health Education Act).
- Contact state APHA affiliates and recommend their involvement in offering support and endorsement to the State Commissioner of Education in those states which have within recent years passed K-12 Comprehensive Health Education legislation (e.g., New York, Florida, Illinois); and to offer APHA leadership to other states seeking comprehensive health education legislation for schools.
- Encourage APHA staff members and officers to incorporate in their public messages a statement calling for K-12 comprehensive health education programs in all schools and use the *American Journal of Public Health* and *The Nation's Health* as media for editorials and for reports of legislation.
- Monitor the development and operation of the Bureau of Health Education, CDC, established July 1, 1974, and the proposed National Center for Health Education representing the private sector (both recommended by the President's Committee on Health Education), to assure emphasis on the importance of health education in schools and provision of the adequate funding essential for high quality programs.
- Examine manpower legislation for the health professions to assure that health education professional preparation programs for positions in schools, colleges, and other community settings are specified as eligible for traineeships and other grants.
- Seek grant support to explore and clarify the function of health educators in schools and a variety of other community settings (e.g., colleges, agencies, organizations, hospitals, industry, HMOs, action projects).
- Recommend that each State Department of Education seek budgetary support to add one or more fully qualified health educators to its staff for consultant services to school districts.
- Appoint a task force comprised of appropriate APHA sections, and representatives and affiliates to guide the Association's efforts on behalf of health education, and designate a staff member to coordinate the activities.

Schools provide an environment conducive to developing skills and competencies which will help the individual confront and examine a complexity of social and cultural forces, persuasive influences, and ever-expanding options, as these affect health behavior. Today's health problems do not lend themselves to yesterday's solutions. Specificity of cause is multiple rather than singular. The individual must assume increasing responsibility for solutions to major public health problems, and consequently must be educated to do so.

Education for and about health is not synonymous with information. Education is concerned with behavior a composite of what an individual knows, senses, and values and of what one does and practices. Factual data are but temporary assumptions to be used and cast aside as new information emerges. Health facts unrenewed can become a liability rather than an asset. The health educated citizen is one who possesses resources and abilities that will last throughout a lifetime such as critical thinking, problem-solving, valuing, self-discipline, and self-direction and that lead to a sense of responsibility for community and world concerns.

The school curriculum offers an opportunity to view health issues in an integrated context. It is designed to help the learner gain insights about the personal, social, environmental, political, and cultural implications of each issue. Planning for health care delivery, for example, is not simply a matter of providing for manpower, services, and facilities. These things must be considered in concert with housing, employment, transportation, cultural beliefs and values, and the rights and dignity of the persons involved. Nor will nutritional practices be improved substantially by programs based on groupings, labeling, or issuing stamps, because food practices and eating patterns are equally influenced by how, when, where, why, and with whom one eats.

ED109061

American Public Health Association
1015 Eighteenth Street, N.W.
Washington, D.C. 20036
(202) 467-5000

(This statement may be quoted in part or in its entirety without special permission, but the complete reference as to its source should be included.)

4/1/75